



Department of Health and Social Services  
Karleen Jackson, Commissioner  
Jay Butler, MD, Chief Medical Officer  
3601 C Street, Suite 540  
Anchorage, Alaska 99503

<http://www.epi.Alaska.gov>

Division of Public Health  
Beverly Wooley, Director

Local telephone number 907-269-8000  
24 Hour Emergency 1-800-478-0084

Editors:  
Joe McLaughlin, MD, MPH  
Bradford D. Gessner, MD, MPH

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## Gonorrhea — Alaska, 2007

### Background

Gonococcal infection (GC) is an important cause of pelvic inflammatory disease (PID), ectopic pregnancy, chronic pelvic pain, and infertility among women, and conjunctivitis among neonates. It also is an important facilitator of human immunodeficiency virus (HIV) transmission.

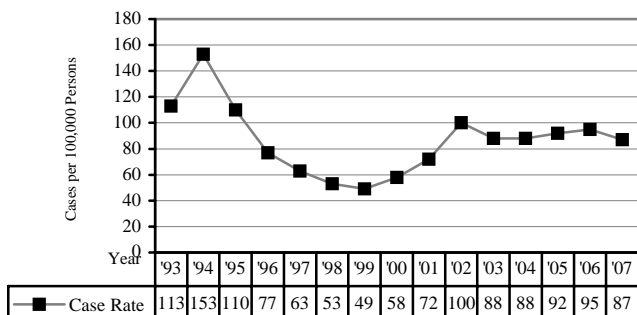
### Methods

Case data were obtained from the Alaska Section of Epidemiology's reportable conditions database and population data from the Alaska Department of Labor and Workforce Development.

### Summary Results

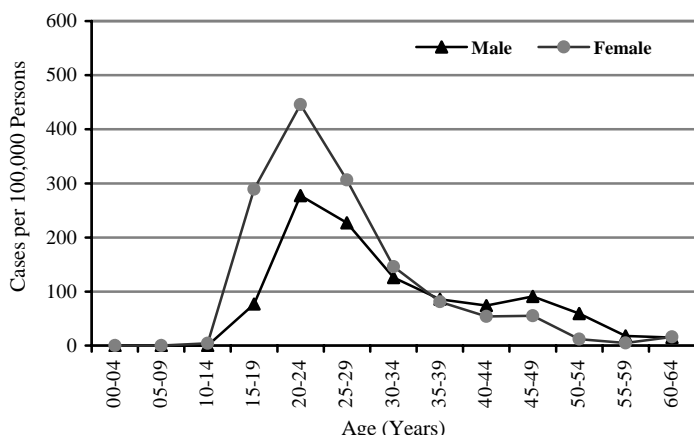
A total of 581 cases (87 cases per 100,000 persons) of gonorrhea were reported in Alaska in 2007. This represents an 8% decrease from the 2006 gonorrhea incidence (Figure 1). Of the 581 cases, 327 (56%) occurred in females. Among females, 30 (9%) of the cases were reported with pelvic inflammatory disease.

Figure 1. Gonorrhea Rates — Alaska, 1993–2007



In 2007, the highest documented gonorrhea case rates were among females aged 20–24 and 25–29 years (446 and 306 per 100,000 persons, respectively) and males aged 20–24 years (277 per 100,000 persons; Figure 2). From 2006 to 2007, the greatest decreases in rates occurred among females aged 15–19 and 30–34 years (a decrease of 52 per 100,000 persons [15%] and 19 cases per 100,000 persons [12%], respectively) and among males aged 20–24 and 30–44 (a decrease of 57 cases per 100,000 persons [17%] and 36 cases per 100,000 persons [28%]). Gonorrhea case rates increased among males aged 25–29, 45–49, and 50–54 years [an increase of 41 cases per 100,000 persons [22%], 25 per 100,000 persons [38%], and 33 cases per 100,000 persons [127%], respectively).

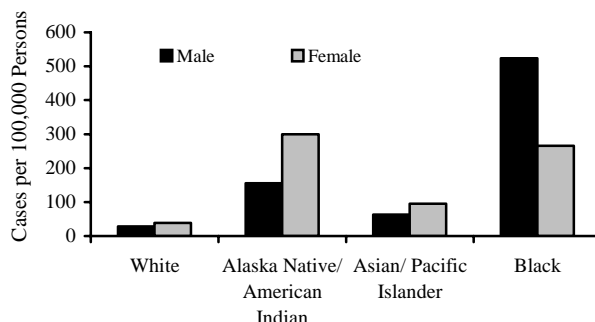
Figure 2. Gonorrhea Rates, by Age and Sex — Alaska, 2007 (N=581)



Gonorrhea infection rates were highest among black and Alaska Native/American Indian persons (524 and 155 cases per 100,000 persons, respectively, for males; and 266 and 300 cases per

100,000 persons, respectively, for females; Figure 3). Compared with 2006, 2007 GC rates decreased in most evaluated groups, most dramatically among black males and Alaska Native/American Indian females (a decrease of 120 cases per 100,000 persons [19%] and 42 cases per 100,000 persons [12%], respectively). Rates increased among Alaska Native/American Indian males and black females (an increase of 4 cases per 100,000 persons [3%] and 14 cases per 100,000 persons [6%], respectively).

Figure 3. Gonorrhea Rates, by Race and Sex — Alaska, 2007 (N=581)\*



\* Cases of unknown race for 2 males and 2 females are not included in the figure.

### Discussion

Although Alaska's GC rates have been relatively stable since 2003 and our 2007 rate is below the 2006 national rate of 120.9 cases per 100,000 population,<sup>3</sup> we are still well above the federal Healthy Persons 2010 national target of 19 cases per 100,000 population per year. Furthermore, the cost in terms of the threat to the health and reproductive capacity of Alaskans constitute ample grounds for concern.

To this end, the HIV/STD Program staff collaborate with public and private health care providers throughout Alaska to deliver quality comprehensive clinical services and partner notification activities that focus services to those at highest risk for an STD — those exposed to a known positive case.

### Recommendations

1. Health care providers should refer to CDC's Updated Sexually Transmitted Diseases Treatment Guidelines, 2006 Recommendations and Reports for current *Neisseria gonorrhoeae* treatment recommendations (available at: [http://www.epi.alaska.gov/bulletins/docs/rr2007\\_03.pdf](http://www.epi.alaska.gov/bulletins/docs/rr2007_03.pdf)).
2. Health care providers should be aware that the use of quinolones for the treatment of gonococcal infection is no longer recommended due to increasing rates of resistance.
3. Health care providers should promptly report all diagnosed or suspected cases of gonorrhea to the Alaska Section of Epidemiology using the Rapid Telephonic Reporting system (561-4234 in Anchorage or 800-478-1700 statewide).
4. Health care providers should familiarize themselves with partner notification programs available in their locale and should encourage their patients with GC to participate in the confidential and timely notification of all partners at risk.

### Reference

1. Centers for Disease Control and Prevention. Update to CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2006*: Fluoroquinolones no longer recommended for treatment of gonococcal infections. MMWR Morb Mortal Wkly Rep 2007;56(14):332–336.
2. Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2006. MMWR Morb Mortal Wkly Rep 2006;55(RR-11).
3. Centers for Disease Control and Prevention, Gonorrhea Surveillance 2006. Available at: <http://www.cdc.gov/std/stats/gonorrhea.htm>